

COMPLETED**Los Rios Community College District****PURCHASE ORDER NO 0001118616**

Purchasing: (916)568-3071 * FAX (916) 568-3145
LRCCDpurchase@losrios.edu

Accounting Ops: (916)568-3065 * FAX (916) 286-3636
Acctg-ops@losrios.edu

PLEASE SEE TERMS AND CONDITIONS APPENDED TO THIS PO

Supplier: 0000003682
MISSION COLLEGE
REGIONAL TESTING CENTER
3000 MISSION COLLEGE BLVD MS 19
SANTA CLARA CA 95054

Phone: (408) 855-5216
Fax: (408) 855-5213

email:

Date	Revision	Page
11/10/2021		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:	Location / Dept	
1033335 MESAC ROUILLERS	04CYPH144	

Ship To: FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM CA 95630
United States

Bill To: LRCCD
Invoice to: acctg-ops@losrios.edu
1919 Spanos Court
Sacramento CA 95825-3981
United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	CNA EXAM: WRITTEN AND SKILLS EXAM	19.00 EA	100.00	1,900.00	11/24/2021

PRE-PAY INVOICE# FLCW11-21

PAID**CHECK #:** 0094821825**DATE:** 11/12/21**AMOUNT \$:** 1900.00**VOUCHER #:** 00613192

Sub Total Amount	1,900.00
Sales Tax Amount	0.00
Total PO Amount	1,900.00

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>	<u>BYear</u>
GENFD	7334	12	FL.VI.ALHT	12303	00000	696H	1,900.00	2022

0001033335CHAVEZA09-NOV-2021

Verification of this purchase order can be made using the Los Rios Community College District web site listed below.
If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature

Notice to vendor: You are responsible for delivering good and delivery documents to the Receiving Department at the site. Failure to so do will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of good by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30
MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

Requisition

Supplier: MISSION COLLEGE 0000003682
 REGIONAL TESTING CENTER
 3000 MISSION COLLEGE BLVD MS 19
 SANTA CLARA CA 95054
 United States

Phone: (408) 855-5216 **Fax:** (408) 855-5213
email:

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001033335	11/08/2021	1	
Requisition Name:			
Mission College_CNA Exam-CM			
Requester			
Colleen Mesa			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: MESAC 08-NOV-2021			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt Due Date
1-1	CNA EXAM: WRITTEN AND SKILLS EXAM	19	EA	100.00	1,900.00

1,900.00 Sub-total
 0.00 Est. tax

Total Requisition Amount: 1,900.00

PREPAY ATTACHED INVOICE FLCW11-21
 PLEASE SET-IP 2 WAY MATCH

Please make check payable to : Northern Regional Testing Center/ atten: Anita Roman
 Mission College
 3000 Mission College Blvd. MS 19
 Santa Clara, CA 95054
 invoice: #FLCW11-21

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	7334	12	FL.VI.ALHT	12303	00000	696H	1,900.00

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: Rupe Foundation
 Project Grant: 696H
 Program Director: Vicky Maryatt
 Program Goal: Obj. 2 support of exam fees

Approval Signature

Approval Signature

Approval Signature



INVOICE



SOLD TO:

Date: 11/05/2021

Invoice# FLCW11-21

Name: Folsom Lake College
C/O Mesa, Colleen

Address: 10 College Parkway
Folsom, Ca 95630

Phone: (916) 608-6927

Email: MesaC@flc.losrios.edu

PAY TO:

Northern Regional Testing Center
Mission College
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054
Ph (408) 855-5216
Fax (408) 855-5213

# of test	Description	Amount
19	CNA exam: Written and Skills exam @ 100.00 each exam	\$1,900.00
Total		\$1,900.00

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Manning

First Name Mayella

Middle Initial _____

Birthdate: 09/09/1984

Note: USE MM/DD/YY FORMAT

Social Security Number 616-82-0003

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/2021

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 10128 Brian Kelly Way

Address _____

City Elk Grove State CA

Zip code 95757 Phone (916) 752-7705

Email address mayella_m@yahoo.com

<input checked="" type="checkbox"/>	Take both the Written and Manual Skills Examination	\$100
<input type="checkbox"/>	Retake the Written Examination	\$35
<input type="checkbox"/>	Retake the Manual Examination	\$65
<input type="checkbox"/>	Additional Fee for Oral Examination (Audio Cassette Tape-English Only)	\$15
<input type="checkbox"/>	Rescheduling fee (for each time the examination is rescheduled)	\$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Story

First Name Halei

Middle Initial A

Birthdate: 08/02/1995

Note: USE MM/DD/YY FORMAT

Social Security Number 608 84 1951

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/2021

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 5524 Jonesboro way

Address _____

City Sacramento State CA

Zip code 95835 Phone 760 496 8002

Email address haxro@yahoo.com

- ☒ Take both the Written and Manual Skills Examination \$100
- ☐ Retake the Written Examination \$35
- ☐ Retake the Manual Examination \$65
- ☐ Additional Fee for Oral Examination (Audio Cassette Tape-English Only) \$15
- ☐ Rescheduling fee (for each time the examination is rescheduled) \$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Brown

First Name Collin

Middle Initial G

Birthdate: 03/25/00

Note: USE MM/DD/YY FORMAT

Social Security Number 605-19-0947

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/21

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 920 Mann Ct.

Address _____

City Folsom State CA

Zip code ~~45630~~ 95630 Phone 916-934-8289

Email address collinbr48@gmail.com

<input checked="" type="checkbox"/>	Take both the Written and Manual Skills Examination	\$100
<input type="checkbox"/>	Retake the Written Examination	\$35
<input type="checkbox"/>	Retake the Manual Examination	\$65
<input type="checkbox"/>	Additional Fee for Oral Examination (Audio Cassette Tape-English Only)	\$15
<input type="checkbox"/>	Rescheduling fee (for each time the examination is rescheduled)	\$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Guerra

First Name Melinda

Middle Initial G

Birthdate: 05/21/00

Note: USE MM/DD/YY FORMAT

Social Security Number 6016-19-7052

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/21

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 1090 Woodcreek Oaks Blvd #606

Address _____

City Roseville State CA

Zip code 95747 Phone (916) 705-2547

Email address melinda-guerra0521@yahoo.com

<input checked="" type="checkbox"/>	Take both the Written and Manual Skills Examination	\$100
<input type="checkbox"/>	Retake the Written Examination	\$35
<input type="checkbox"/>	Retake the Manual Examination	\$65
<input type="checkbox"/>	Additional Fee for Oral Examination (Audio Cassette Tape-English Only)	\$15
<input type="checkbox"/>	Rescheduling fee (for each time the examination is rescheduled)	\$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Xiong
First Name Gandy

Middle Initial _____

Birthdate: 06/20/80
Note: USE MM/DD/YY FORMAT

Social Security Number 508-89-9433

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code 9-2053

Course Completion Date or CDPH Approval Date 11/24/2021
Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 1941 Bell St. #02

Address _____

City Sacramento State CA

Zip code 95825 Phone (209)201-8018

Email address sandyx123@gmail.com

<input checked="" type="checkbox"/>	Take both the Written and Manual Skills Examination	\$100
<input type="checkbox"/>	Retake the Written Examination	\$35
<input type="checkbox"/>	Retake the Manual Examination	\$65
<input type="checkbox"/>	Additional Fee for Oral Examination (Audio Cassette Tape-English Only)	\$15
<input type="checkbox"/>	Rescheduling fee (for each time the examination is rescheduled)	\$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name ROSSINI

First Name JERLYN

Middle Initial K.

Birthdate: 06/16/1991

Note: USE MM/DD/YY FORMAT

Social Security Number 268-65-5832

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/2021

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 1704 BRANDYWOOD WAY

Address _____

City EL DORADO HILLS State CA

Zip code 95762 Phone 408-856-5482

Email address kimandnick0303@gmail.com

<input checked="" type="checkbox"/>	Take both the Written and Manual Skills Examination	\$100
<input type="checkbox"/>	Retake the Written Examination	\$35
<input type="checkbox"/>	Retake the Manual Examination	\$65
<input type="checkbox"/>	Additional Fee for Oral Examination (Audio Cassette Tape-English Only)	\$15
<input type="checkbox"/>	Rescheduling fee (for each time the examination is rescheduled)	\$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Xie
First Name Michelle
Middle Initial _____
Birthdate: 12/12/95
Note: USE MM/DD/YY FORMAT
Social Security Number 603-88-0448
Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____
Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/21
Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 153 Bywell Bridge Circle

Address _____

City Sacramento State California

Zip code 95823 Phone (650) 781-9861

Email address michelle.xie95@gmail.com

<input checked="" type="checkbox"/>	<u>Take both the Written and Manual Skills Examination</u>	<u>\$100</u>
<input type="checkbox"/>	<u>Retake the Written Examination</u>	<u>\$35</u>
<input type="checkbox"/>	<u>Retake the Manual Examination</u>	<u>\$65</u>
<input type="checkbox"/>	<u>Additional Fee for Oral Examination (Audio Cassette Tape-English Only)</u>	<u>\$15</u>
<input type="checkbox"/>	<u>Rescheduling fee (for each time the examination is rescheduled)</u>	<u>\$25</u>

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Gill

First Name Janelle

Middle Initial C

Birthdate: 05/13/78

Note: USE MM/DD/YY FORMAT

Social Security Number 572-55-2857

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/2021

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 1103 Fong Ct

Address _____

City Folsom State CA

Zip code 95630 Phone 916-397-8136

Email address jjgill916@hotmail.com

- ☒ Take both the Written and Manual Skills Examination \$100
- ☐ Retake the Written Examination \$35
- ☐ Retake the Manual Examination \$65
- ☐ Additional Fee for Oral Examination (Audio Cassette Tape-English Only) \$15
- ☐ Rescheduling fee (for each time the examination is rescheduled) \$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name de Sai

First Name Beatriz

Middle Initial B

Birthdate: 01/22/2002

Note: USE MM/DD/YY FORMAT

Social Security Number 609-31-9295

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/2021

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 8851 winding way Fair Oaks CA

Address _____

City Sacramento State CA

Zip code 95628 Phone (916) 335-4163

Email address desa b 0119@yahoo.com

- ☒ Take both the Written and Manual Skills Examination \$100
- ☐ Retake the Written Examination \$35
- ☐ Retake the Manual Examination \$65
- ☐ Additional Fee for Oral Examination (Audio Cassette Tape-English Only) \$15
- ☐ Rescheduling fee (for each time the examination is rescheduled) \$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Schwartz
First Name Alexandra
Middle Initial M
Birthdate: 02/12/1991

Note: USE MM/DD/YY FORMAT

Social Security Number 604 - 56 - 7248

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/2021

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 4490 Hood Road

Address _____

City Rocklin State California

Zip code 95765 Phone 310-890-5061

Email address alexandraschwartz@outlook.com

<input checked="" type="checkbox"/>	Take both the Written and Manual Skills Examination	\$100
<input type="checkbox"/>	Retake the Written Examination	\$35
<input type="checkbox"/>	Retake the Manual Examination	\$65
<input type="checkbox"/>	Additional Fee for Oral Examination (Audio Cassette Tape-English Only)	\$15
<input type="checkbox"/>	Rescheduling fee (for each time the examination is rescheduled)	\$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Jarwin

First Name Kelly

Middle Initial L

Birthdate: 03/12/90

Note: USE MM/DD/YY FORMAT

Social Security Number 666-40-8901

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code 5-2053

Course Completion Date or CDPH Approval Date 11/24/21

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 1243 Uplands Drive

Address _____

City El Dorado Hills State California

Zip code 95762 Phone (916) 214-4337

Email address Jarwin, Kelly@gmail.com

<input checked="" type="checkbox"/>	Take both the Written and Manual Skills Examination	\$100
<input type="checkbox"/>	Retake the Written Examination	\$35
<input type="checkbox"/>	Retake the Manual Examination	\$65
<input type="checkbox"/>	Additional Fee for Oral Examination (Audio Cassette Tape-English Only)	\$15
<input type="checkbox"/>	Rescheduling fee (for each time the examination is rescheduled)	\$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

**NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION**

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Cabanas

First Name Mildred

Middle Initial Z

Birthdate: 12/13/01

Note: USE MM/DD/YY FORMAT

Social Security Number 354-98-2294

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code 9-2053

Course Completion Date or CDPH Approval Date 11/24/21

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 3616 plymouth Dr.

Address _____

City North Highlands State CA

Zip code 95660 Phone (916) 696-9016

Email address Mildredca01@yahoo.com

☒ Take both the Written and Manual Skills Examination \$100

☐ Retake the Written Examination \$35

☐ Retake the Manual Examination \$65

☐ Additional Fee for Oral Examination (Audio Cassette Tape-English Only) \$15

☐ Rescheduling fee (for each time the examination is rescheduled) \$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name McCarraher

First Name Jessica

Middle Initial T

Birthdate: 04/05/1994

Note: USE MM/DD/YY FORMAT

Social Security Number 610-74-1872

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11-24-21

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 165 Bauer Circle

Address _____

City Folsom State CA

Zip code 95630 Phone 279-234-3079

Email address mccarraherjessica@gmail.com

- | | | |
|-------------------------------------|---|--------------|
| <input checked="" type="checkbox"/> | <u>Take both the Written and Manual Skills Examination</u> | <u>\$100</u> |
| <input type="checkbox"/> | <u>Retake the Written Examination</u> | <u>\$35</u> |
| <input type="checkbox"/> | <u>Retake the Manual Examination</u> | <u>\$65</u> |
| <input type="checkbox"/> | <u>Additional Fee for Oral Examination (Audio Cassette Tape-English Only)</u> | <u>\$15</u> |
| <input type="checkbox"/> | <u>Rescheduling fee (for each time the examination is rescheduled)</u> | <u>\$25</u> |

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Kim

First Name Faith

Middle Initial K

Birthdate: 12/22/01

Note: USE MM/DD/YY FORMAT

Social Security Number 604-31-0846

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/2021

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 107 RUSSVILLE COURT

Address 107 RUSSVILLE COURT

City Folsom State CA

Zip code 95630 Phone 916 500 2338

Email address faithkim211@gmail.com

<input checked="" type="checkbox"/>	Take both the Written and Manual Skills Examination	\$100
<input type="checkbox"/>	Retake the Written Examination	\$35
<input type="checkbox"/>	Retake the Manual Examination	\$65
<input type="checkbox"/>	Additional Fee for Oral Examination (Audio Cassette Tape-English Only)	\$15
<input type="checkbox"/>	Rescheduling fee (for each time the examination is rescheduled)	\$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Lopez Garcia

First Name Bryan

Middle Initial _____

Birthdate: 09/03/1998

Note: USE MM/DD/YY FORMAT

Social Security Number 610-08-3865

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/2021

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 4225 Dymic way

Address _____

City Sacramento State CA

Zip code 95838 Phone 916-604-0360

Email address Lopezbryan334@gmail.com

- | | | |
|-------------------------------------|--|-------|
| <input checked="" type="checkbox"/> | Take both the Written and Manual Skills Examination | \$100 |
| <input type="checkbox"/> | Retake the Written Examination | \$35 |
| <input type="checkbox"/> | Retake the Manual Examination | \$65 |
| <input type="checkbox"/> | Additional Fee for Oral Examination (Audio Cassette Tape-English Only) | \$15 |
| <input type="checkbox"/> | Rescheduling fee (for each time the examination is rescheduled) | \$25 |

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Reed

First Name MONIQUE

Middle Initial A.

Birthdate: 10/03/95

Note: USE MM/DD/YY FORMAT

Social Security Number 624-84-3659

Name & Location Test Site S-2053

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code _____

Course Completion Date or CDPH Approval Date 11/24/21

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 9157 Colonsay Way

Address _____

City Sacramento State CA

Zip code 95829 Phone (916)671-6666

Email address moniquereed2021@gmail.com

<input checked="" type="checkbox"/>	Take both the Written and Manual Skills Examination	\$100
<input type="checkbox"/>	Retake the Written Examination	\$35
<input type="checkbox"/>	Retake the Manual Examination	\$65
<input type="checkbox"/>	Additional Fee for Oral Examination (Audio Cassette Tape-English Only)	\$15
<input type="checkbox"/>	Rescheduling fee (for each time the examination is rescheduled)	\$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Ghamami

First Name Shirin

Middle Initial _____

Birthdate: 07/25/2003

Note: USE MM/DD/YY FORMAT

Social Security Number 626-39-7681

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/2021

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 485 Morgan Court

Address _____

City El Dorado Hills State CA

Zip code 95762 Phone (916) 413-0731

Email address shirin.ghamami@gmail.com

<input checked="" type="checkbox"/>	Take both the Written and Manual Skills Examination	\$100
<input type="checkbox"/>	Retake the Written Examination	\$35
<input type="checkbox"/>	Retake the Manual Examination	\$65
<input type="checkbox"/>	Additional Fee for Oral Examination (Audio Cassette Tape-English Only)	\$15
<input type="checkbox"/>	Rescheduling fee (for each time the examination is rescheduled)	\$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name George
First Name Marian
Middle Initial L
Birthdate: 01/13/2000

Note: USE MM/DD/YY FORMAT

Social Security Number 616-17-3365
Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/2021

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 25 Miramonte Dr.

Address _____

City Woodland State CA

Zip code 95695 Phone (530) 304-4545

Email address MarianGeorge13@gmail.com

<input checked="" type="checkbox"/>	Take both the Written and Manual Skills Examination	\$100
<input type="checkbox"/>	Retake the Written Examination	\$35
<input type="checkbox"/>	Retake the Manual Examination	\$65
<input type="checkbox"/>	Additional Fee for Oral Examination (Audio Cassette Tape-English Only)	\$15
<input type="checkbox"/>	Rescheduling fee (for each time the examination is rescheduled)	\$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination

☐ Reschedule Manual Examination

NURSE ASSISTANT CERTIFICATION EXAM
REGISTRATION APPLICATION
NORTHERN REGION

Mail application & fees to:
Northern Regional Testing Center
Mission College HWI
3000 Mission College Blvd. MS 19
Santa Clara, CA 95054

Last Name Treadway

First Name mistina

Middle Initial D

Birthdate: 01/25/82

Note: USE MM/DD/YY FORMAT

Social Security Number 545-71-0520

Name & Location Test Site _____

Test Site Code _____ Requested Test Date _____

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code S-2053

Course Completion Date or CDPH Approval Date 11/24/21

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address 2640 La Crescenta Dr. Apt #33

Address _____

City Cameron Park State CA

Zip code 95682 Phone (916) 218-8440

Email address mistina.treadway@gmail.com

☒ Take both the Written and Manual Skills Examination \$100

☐ Retake the Written Examination \$35

☐ Retake the Manual Examination \$65

☐ Additional Fee for Oral Examination (Audio Cassette Tape-English Only) \$15

☐ Rescheduling fee (for each time the examination is rescheduled) \$25

(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)

☐ Reschedule Written Examination